

MFF Owner

Placer County Health and Human Services Department

MOBILE FOOD FACILITY RESTROOM VERIFICATION

An approved restroom facility must be available for employee's use within 200 feet travel distance from MFF site. Include EVERY LOCATION in which MFF will be parked for more than one (1) hour.

Owner's Name:		Business Name:
Location/Address 1:		
Location/Address 2:		
Location/Address 3:		
Location/Address 4:		
Business/Property Owner(s)		
The undersigned Property Owner(s) hereby grant full permission to the above mentioned MFF to use said restroom during MFF's business hours. It is the property owner's understanding and responsibility that the toilet facility shall be maintained clean and sanitary with adequate supplies of soap and paper towels at all times.		
Location 1	Owner's Name:	Cell Phone:
	Mailing Address:	Alternate Phone:
		Email:
	Signature:	Date:
Location 2	Owner's Name:	Cell Phone:
	Mailing Address:	Alternate Phone:
		Email:
	Signature:	Date:
Location 3	Owner's Name:	Cell Phone:
	Mailing Address:	Alternate Phone:
		Email:
	Signature:	Date:
Location 4	Owner's Name:	Cell Phone:
	Mailing Address:	Alternate Phone: Email:
		Emaii:
	Signature:	Date: